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(Depositor's name (Signature (Date

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/667 301 | 00/23/2003 | Kiyonori Tsuda | 2430141183 | 9277 |

TITLE OF INVENTION: IMAGE FORMING APPARATUS USING A TONER CONTAINER AND A PROCESS CARTRIDGE

| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
|---|--|---|--|---|---------------------------|---------------------------------|--|
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| nonprovisional NO \$1440 \$300 \\ \text{u5/u2/2008} \text{AU0HDAF2 \text{U0H00054} 10667301} \\ \text{06/30/2008} | | | | | | .06/30/2008 .066 7301 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 01 FC:1501 | - | 1440.00 OP | |
| BRASE, SANDRA L | | 2852 | 399-262000 | 62 FC:1504 | | 309.00 OP | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | 2. For printing on the patent front page, list | | | | |
| | ondence address (or Cha B/122) attached. | ange of Correspondence | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| _ | | | (2) the name of a single | (2) the name of a single firm (having as a member a 2 McClelland, | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | " Indication form ned. Use of a Customer | 2 registered patent atto | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3 & Neustadt. | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DAT | A TO BE PRINTED ON | THE PATENT (print or typ | pe) | | | |
| PLEASE NOTE: Un recordation as set for | less an assignee is iden th in 37 CFR 3.11. Com | tified below, no assignee pletion of this form is NO | data will appear on the part of the part o | atent. If an assignee is ic assignment. | lentified below, the doc | ument has been filed for | |
| (A) NAME OF ASSI | GNEE | | (B) RESIDENCE: (CITY | and STATE OR COUNT | RY) | | |
| Ricoh C | ompany, Ltd | l. | Tokyo, J | apan | | | |
| 4a. The following fee(s) Issue Fee | are submitted: | | b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car | Individual Corporationse first reapply any previous form PTO-2038 is attact authorized to charge the insit Account Number 15 | riously paid issue fee sh | own above) | |
| 5. Change in Entity Sta | itus (from status indicate | d above) | Overpayment, to Depo | sh Account Number | 1-0030 (chelose an c | catta copy of this form). | |
| _ | is SMALL ENTITY stat | • | b. Applicant is no long | ger claiming SMALL EN | ΓΙΤΥ status. See 37 CFR | t 1.27(g)(2). | |
| NOTE: The Issue Fee ar interest as shown by the | nd Publication Fee (if req records of the United St | uired) will not be accepte ates Patent and Trademark | d from anyone other than to Office. | he applicant; a registered a | attorney or agent; or the | assignee or other party in | |
| Authorized Signature | 15 5 | 4. Kun | he | DateMA | 3 0 2008 | | |
| Typed or printed nam | Jam | es H. Knebel | | Registration No. Re | gistration No. 22,6 | 530 | |
| - II | | SED 1311 The Life | | 5.1.1 | | 1 110000 | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| (Depositor's nar |
| (Signatu |

(Date)

2.C.I hereby certify that this Fee(s) Transmittal is being deposited with the United

| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | DRNEY DOCKET NO. | CONFIRMATION NO. |
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| 10/667,301 | 09/23/2003 | | Kiyonori Tsuda | | 243014US3 | 9277 |
| TITLE OF INVENTION | : IMAGE FORMING AI | PPARATUS USING A T | ONER CONTAINER ANI |) A PROCESS CARTRI | DGE | |
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| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 06/30/2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS | | |
|---|----------------------|---|---|--|
| BRASE, SANDRA L | 2852 | 399-262000 | • | |
| Change of correspondence address or indication CFR 1.363). Change of correspondence address (or Chanaddress form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" PTO/SB/47; Rev 03-02 or more recent) attachen Number is required. | ge of Correspondence | or agents OR, alternative (2) the name of a single registered attorney or a | 3 registered patent attorneys yely, e firm (having as a member a gent) and the names of up to meys or agents. If no name is | 1 Oblon, Spivak, 2 McClelland, Maie 3 & Neustadt, P.C. |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ricoh Company, Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies _

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature H. Kněbe! <u>James</u> Typed or printed/name

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Registration No. 22,630 Registration No.

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